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APPLICANTS

Darrell Dennis Burckhardt, Hoffman Estates, IL;

** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING <i># 5</i>	TOTAL CLAIMS <i># 28</i>	INDEPENDENT CLAIMS <i># 1</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

ADDRESS

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 Siemens Corporation
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TITLE

System and method of measuring disease severity of a patient before, during and after treatment

FILING FEE RECEIVED 1128	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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